Office of the Secretary of State
Corporations & Charities Division

(360) 725 - 0377 | www.sos.wa.gov/corps

801 Capitol Way S, Olympia, WA 98504-0234

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**FILED**
**Secretary of State**
**State of Washington**
**Date Filed: 04/12/2021**
**Effective Date: 04/12/2021**

□ **No Filing Fee**

□ **Expedited Services $50**

# Commercial Statement of Change

## RCW 23.95.440

**Current Name of Commercial Registered Agent** (as currently recorded with the Office of the Secretary of State):
C T CORPORATION SYSTEM

**Is the Name of the Commercial Registered Agent changing (check one)** □ **Yes** ■ **No**

If No, please continue to "Type of Commercial Registered Agent"

**If Yes, please provide the new name below**

_____

**TYPE OF COMMERCIAL REGISTERED AGENT:**

**Please select the type of Agent** (Check one) □ Individual ■ Entity

If Individual, continue to "Commercial Registered Agent Address"

**If Entity**, has any of your information changed? (check one) ■ Yes □ No

If No, continue to "Commercial Registered Agent Address"

**If Yes, please provide the changes that have occurred**:

Entity Type: _____ Country: _____ State:_____

**COMMERCIAL REGISTERED AGENT ADDRESS:**

**Please fill out any information that has changed and then continue to page 2**

Phone: _____

Email: CT-StateCommunications@wolterskluwer.com

**Registered Agent Street Address (required)**
**(Must be a physical address No PO Box or PMB)**

**Country**: **United States** **State**: **Washington**

**Address** : 711 Capitol Way S, Suite 204

**Zip**: 98501 **City**: Olynpia

**Registered Agent Mailing Address** (optional)
■ **Check if mailing address is the same as street address**

**Country**: **United States** **State**: **Washington**

**Address** : _____

**Zip**: _____ **City**: _____



Work Order #: 2021040600221628 - 1
Received Date: 04/06/2021
Amount Received: $0.00

**COMMERCIAL REGISTERED AGENT ATTESTATION:** RCW 23.95.440

■ By checking this box, the agent listed understand that they are responsible for promptly furnishing to each entity they represent a notice of this filing/record.

**RETURN ADDRESS FOR THIS FILING:** ***(Optional)***

This address will be sent document( s) regarding this specific filing in addition to document (s) being sent to the Registered Agent's street/mailing address.

**Attention to:** _____

**Email:** _____

**Address**: _____

**City** _____ **State** _____ **Zip** _____

**AUTHORIZED PERSON:**

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

| Signature of Authorized Person | Printed Name/Title | Date |
|---|---|---|
| Marie Hauer | Marie Hauer, Asst. Secy. | 04/05/2021 |



Work Order #: 2021040600221628 - 1
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